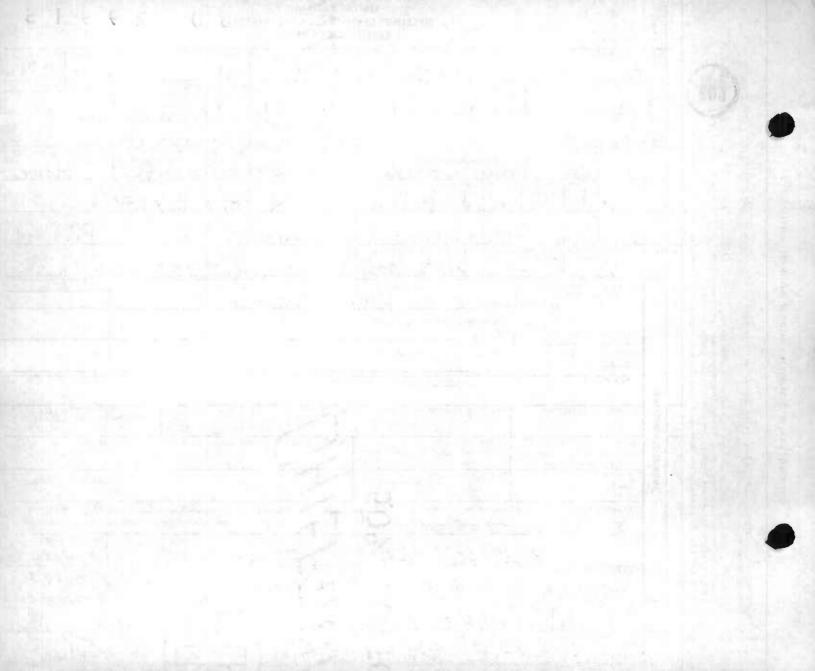
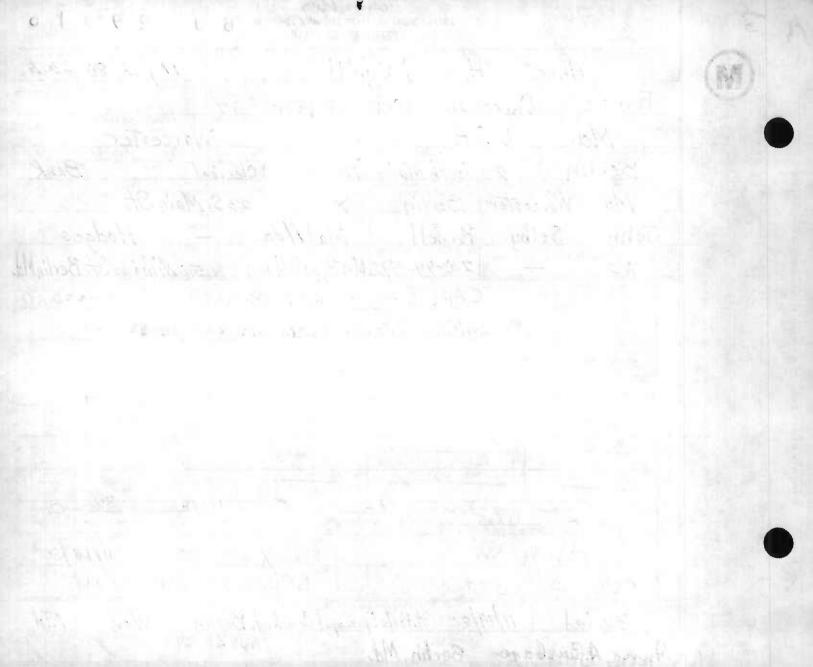
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1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYG	REG. NO.
I. DECEASED NAME FIRST MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
MARY Della Burbage	H 11 13 80 30 AM
1 SEX 14 RACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
MONTH DAY YEAR	MONTHS DAYS HOURS MIN
BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
COUNTRY) MARRIED LI NEVER MARRIED LI	1 3 - 1 -
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION 12b, KIND OF BUSINESS OR
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
2 Draw Hill Harrison House Nog. Home	MOUSEWITE HOME
136 STATE MO 136 COUNTY 136. CITY OR TOWN 134 INSIDE CITY LIMITS?	RT 3. BOX 559
14. FATHER'S NAME MIDDLE TIMMONS IS MOTHER'S MAIDEN NA FIRST VALUE AND THE STANCE AND THE STANCE AND THE STANCE TO A STANCE TO	MIDDLE Pargons
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
Q x 600 g / (res, NO GOVERNM) (Free, GIVE WAR OR DATES) 119-31-7325 Nyc / Ground	West Rt3 Box 550 Berlin Md.
18. CAUSE OF DEATH lEnter only one couse per line to 10 in the day of the part in Death was CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH lEnter only one couse per line to 19. Iby dad 19. Imper 19. In the part of the part	SI WEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	Au
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gove rise to immediate couse (a), stolling the underlying couse lost.	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	IN AT DISEASE OF CONDITION CIVEN IN PART 1(a)
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	THE DISEASE OF CONDITION OF ENTINE AND THE
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216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED 216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
216. ACCIDENT WAS UNDERLYING TO SEE THE STATE OF INJURY 216. ACCIDENT WAS UNDERLYING TO SEE THE SEE SEE THE SEE SEE SEE SEE SEE SEE SEE SEE SEE S	
ON CONTRIBUTION CO	
21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
0 0 0 E 270 L certify that (I) (this hasnital) attended the deceased from MALL 10 10 77	, to 10V 12 19 80 , that (1) (we) lost
sow the deceased alive pn 100 19 80, and that in (my) (our) opinion above, (i) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING	death occurred on the date and hour and from the causes stated
sow the deceased olive on 100 19 80, and that in (my) (our) opinion obove, (1) (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE ATTENDING	22c. DATE SIGNED
	MEDICAL STAFF
PHYSICIAN S NAME (TYPE OR PRINT) 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS	DIRECTOR PHYSICIAN 11/14/80
THOMAS K. JONES M. D. 112 PEARLS	T, SUDWHILL, Md. 21863
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR JOHN STATE
Ouria 11/14/80 Duckingham Cem,	Derlin Wor, Md
DHMH-16 60M 1/73 24. FUNERAL DIRECTOR ADDRESS (1)	REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(VRA 15(4)) Ama A Justage 108 Williams St. Derlin Prov	1 1900 history Mc Cready





1		STATE OF MARYLAND	0 1 7
1	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEG NO	7 1 /
1.0	REGISTRAR ECEASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 25. HOUR
	(PEORARINI) Mitcholl	OF ESTI-	101 cm 6:110
3 5	X 4. RACE S DATE	OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d HOUR
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70.	BIRTHPLACE (STATE OR	ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUN	The second secon
	Maruland	USA WIDOWED DIVORCED Worces	ter MD.
10.		ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS
	Berlin In	tersection Rt50 = 346 Corporate Sales Man.	Paultry
13a	STATE 136. COUNTY	13c. CUTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS ,	
1	Bryland Worces	STEP Whaleysville YES NOB Rt 50 + 346	
14.	FATHER'S NAME MIDDLE	LAST IS MOTHER'S MAIDEN NAME	1 4 1 XST
160	MITCHELL LOWING	CES? I 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	ilkins
100	YES, NO, OR UNKNOWN) [IF YES, GIVE WAR OR DA		wille Mel
-	18 CAUSE OF DEATH (Enter only one cou	IND IN INTING JEHINS, WISIEYS	APPROXIMATE INTERVAL
	PART I DE ATH WAS CAUSED BY:	MAR Vied a life	BETWEEN ONSET AND DEATH
	8359 IMMEDIATE CAUSE	UE TO, OF AS A CONSEQUENCE OF	
1	Conditions, if any, which	A.	
		(b) UE TO, OR AS A CONSEQUENCE OF	
	lying couse last.	(c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
S			
TAN	19a. DATE OF OPERATION	96. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
CERTIEICATION	0. 57750.111 (41.75		YES NO
		16. TIME OF INJURY HOURS A.M. MONTHY DAY YEAR 6 P.M. 1118 1980	(ART)
MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		
MED		STREET, FACEOF INJURY (ATHOME, STREET, FACEORY FARM, ETC.) STREET, FACEORY FARM, ETC.) STREET STREET CC	DUNTY STATE
	AT WORK AT WORK	Turm Intervelor 21508 128 346	
	22a I certify that I took charge of the r	remains described abave, held an Autopsy 🔲, Inspection 🛭 Inquiry 🔝 and in my a	pinian
	death resulted fram: Natural causes		
	ACTUAL (%)	TITLE SPECIELY	11/19/00
-	SIGNATURE	M.D. MEDICAL EXAMINER SIGN	ED TYTTAG
1	EXAMINER'S NAME THOMAS	JANEC M.D. IN Parel the Sund Natl 9	W. 21863
730	BURIAL, CREMATION, REMOVAL 235 DATE	231. NAME OF CEMETERY ON CREMATORY 23d. LOCATION	4.7
130	(SYTY) 1 / 1/ A	1-cen Donale	STATE
24.	FUNERAL DIRECTOR	ADDRESS 765-15. Main St. 250. DATE REC'D. BY REGISTRAR TO LEGISTRAR	ACY ATURE
1	I'll Baker Brown	Salisbury Med. NOV 2 5 1980	7
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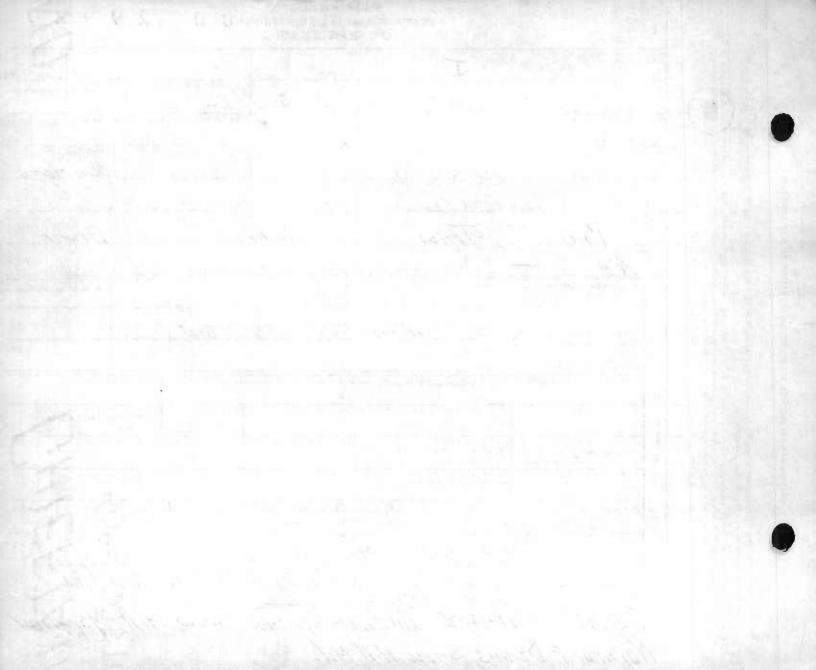
2	1	STATE OF MARYLAND
Ch	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 U 2 9 9 1 0 CERTIFICATE OF DEATH REGISTRAR REG. NO.
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Page 4 may irector, pag urs after de once.	3 5	Female Caucasian Feb 27 1903 77 YRS MONTHS DAYS HOURS MIN
n 72 hour		SIRTHPLACE CONTENTS OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED NOT COUNTY OF DEATH WIDOWED X DNORCED NOT COUNTY OF DEATH WIDOWED X DNORCED NOT COUNTY OF DEATH MARRIED NOT COUNTY OF DEATH
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AND 212 hin 24 ha rilled in ould be fil	130	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 134 CUTY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 1042 Marton ST 1042 Marton ST
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rimore, re be exected an and co. Pages 1.		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) 1/F YES, GIVE WAR OR DATES! 3-5-05-8433 Bobb! Schluter above
ST., BALI no physici on papers. r removal.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACU (E CEREBROVASCUCAR ACCIDENT & DAYS WATER ORISET AND DEATH APPROXIMATE INTERVAL BETWEEN ORISET AND DEATH
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OR OR Hea	19	220.1 certify that (1) (this haspital) attended the deceased from 19 to 19 that (1) (we) last saw the deceased alive of 19 that in my (aur) apinion death occurred on the date and haur and from the causes stated 11 (we) (did) (and not) view the body after death.
D 2 0 0 -		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1
TO HOSPITAL retained by the PTO FUNERAL E with the State D with the State D IMPORTANT: D		PAUL A SCOTT, MD 24 BROAD ST. BERLIN, MD.
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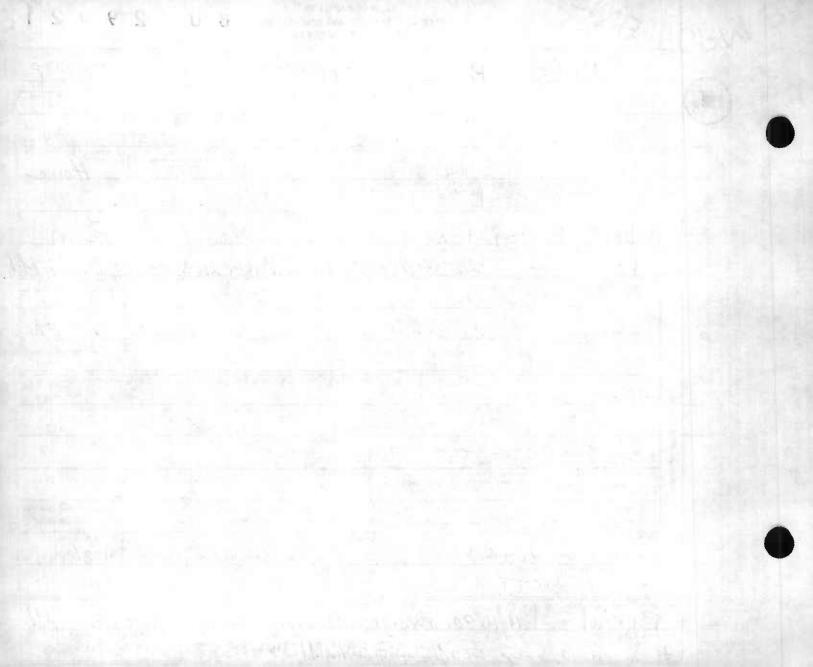
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e 5 £	I DE	CEASED NAME FIRST	MIDDLE	CHAICH	REG. NO.	DAY YEAR 75 HOUR
or 4 may l	3 SE	FEMALE	1 RACE WHITE	S DATE OF BIRTH	& AGE (IN YEARS LAST BRITHDAY)	IF UNDER LYEAR IF UNDER 24 HRI MONTHS DAYS HOURS MIN
desity.	7e B	RTHPLACE (STATE ORFOREIGN OUNTRY WORLD ARY	16 CITIZEN OF WHAT COUNT		BALTIMORE CITY OR COUNT	
by the fur led within ust be notified	10 0	ERLIN	BERLIN W	URSING HOWE	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST/OF/WORKING)	12b. KIND OF BUSINESS C
within 24 ho rely filled in I should be fill		AL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION, GIVE RESIDENCE BY NTY 13c CITY OR T BEHOL	PVILLE YES NO 18	130 SEREET ADDRESS	
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quires that the death certificating death certificating by the attending physicial please remove carbon papers. burial, cremation, or removal. injury, or other traumatic event		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	COSCLEROTIC CAR OUENCE OF RTYMICAN TO DEATH BUT NOT RELATED TO THE TERM		VEN IN PART 1(o)
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ork ATT hospital or DIRECTO hed for us hept. of H		sow the deceased alive on above 14 New (did) (did no 276. SIGNATURE	Sund M		MEDICAL STAFF DIRECTOR PHYSICIAN	. The DATE SIGNED
TO HOSPITAL retained by the I	23e.	DAUL A SURIAL CREMATION, REMOVAL	SCOTT MY 1236. DATE 12	24 BROK 36 NAME OF CEMETERY OF CREMATORY	HOST, BER	LIN, MD.
BP	24 F	BORIAL UNERAL DIRECTOR	11-3-80	NEW HOPE	LOILLARDS - LE REC'D. BY REGISTRAR 256. REGIS	UIC MO.
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3/1/5 LURKCESTER Kerecard 1294 PERLIP DEKLIP DURSING HOTE AT HOME -MO WER BERENIUSE × RFD CARRATUS TOWNSON 217-54-54% LUKLIAM CHAKH PARSHESSURE MID BURIAL 11-3-80 LIEW HOPE LURIARDS-1246. 110. VILLEIGH FUELD THE PERCHS MISSELL 1850 A SOLLES

21		1.	FOR STATE REGISTRAR	DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYGIE FICATE OF DEATH		2 9 9	2 0
	moy be soge 3 deoth		CEASED NAME FIRST OR PRINT)	J. Co	llins	REG. NO. 28. DATE OF DEATH AGE (IN YEARS LAST BIRT	MONTH DAY YEAR	26. HOUR
•	die 4 m	io B	Female 4	Ohite 8.	BAY - 1884	96	YRS. PROUNTY OF DEATH	HOURS MIN
10	by the fulled with	10 c		W.S. H. WIDOW ME OF HOSPITAL, NURSING HOME OT IN SUCH FACILITY, GIVE STREET ADDRESS!		120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK		MD. OF BUSINESS OR
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ORE, MAR	n ond complet Poges 1 and 1		VAS DECEASED EVER IN U.S. ARMED FOR (15 YES, GIVE WAR OR DA		17 INFORMANT MIS. Haward	ADDRE	Era SS	SI SMUNIN
DS, 301 W. PRESTON ST., BALTIMORE,	s that the death certificate be do by the attending physicio-liease remove carbangapers, id., cremotion, or removol. or ather traumatic event, the	N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF (c)	Parline Justin Carden	onela l	Center	MMATE INTERVAL ONSET AND DEATH
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D	PHMH-16 60M 1/73		JNERAL DIRECTOR	-/12-80 A//HS	law Episcopel	SHOW RECIDING RECIDIN	Hill Mar	ypand
DIVISION OF VITAL RECORDS, 301 W.	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate base signe should be detached for use as the burial-transit permit. Then pwith the State Dept. of Health and Mental Hygiene prior to bur IMPORTANT; if them 21 is marked or them 18 shows any injury,		UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICANT CONDITION 196. DATE OF OPERATION 196. C 216. ACCIDENT WAS UNDERLYING 216. P OR CONTRIBUTING CAUSE OF DEATH HO IF ETHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED 216. P WHIRE NOT WHIRE AT WORK AT WORK 1 226. PERSON OF CONTRIBUTION OF CONTRIB	CONDITION FOR WHICH OPERATIONS CONTRIBUTING TO DEATH BUT CONDITION FOR WHICH OPERATION TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY OME, STREET, FACTORY, OFFICE, FARM, ETC.) Ided the deceased from 19 ATE NAME OF THE NAME OF	211 LOCATION 211 LOCATION STREET 19 19 10 110 110 110 110 110 110 110 1	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN TO VY TO VY TO VY TO PHYSIC MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WERE FINDING CAUSES YES THE TIME (AUSE) YES TO COUNTY TO THE ORDER TO THE TIME TO THE ORDER TO THE TIME TO THE ORDER TO THE TIME TIME TO THE TIME TO THE TIME TIME TO THE TIME TIME TIME TIME TO THE TIME TIME TIME TIME TIME TIME TIME TIM	NGS USED S OF DEATH? NO STATE





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•	once	T-,	emale	76 CITIZEN OF WHA	AT COUNTRY? 8	MONTH DAY YEAR 9 21 91 ARRIED NEVER MARRIED	9 BALTIMORE CITY	YRS DAYS	
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TIMORE, MA	be executed with on and completers. So Poges I and 2		/AS DECEASED EVER IN U.S. AR/ ES, NO ORUNKNOWN) (1F YES, GIVE	MED FORCES? 166 WAR OR DATES)	00000000000000000000000000000000000000		et G. Phillip	s Rt3 Box 23	6 Berlin
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BAI	equires that the death certificate signed by the ottending physicir. Then please remove carbon paper to buriol, cremotion, or removal. injury, or other traumatic event, the	N N	Canditians, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS	Aconstalence	CENSULONI 7	FERMINAL DISEASE OR CON		OHIAT AND STATE
TAL RECOR	The law recision. The hos been not permit. If you not prior the shows only in	CERTIFICATION	190 DATE OF OPERATION			RATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	S OF DEATH?
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D	HMH-16 60M 1/73	(:	URIAL, CREMATION, REMOVAL PECIFY BUYLA INERAL DIRECTOR NAME	11/5/80	Eve	of CEMETERY OR CREMATO	Beylin DATE REC'D. BY REGISTRAR	Wor	ATURE NOTE
	(VR A 15 (4))	10	1 1 15 1	50	ngWillian	ost Dorling MAN	HV 1 0 1000	F. 1 6	

William of the series A STATE OF THE STA The state of the s Military delikation of Experimental services and the services of the services AND THE RESERVE OF THE PARTY OF Hart Design and a Lydy and a Garage and sufficient and the sufficient

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MONTH DAY YEAR 26. HOUR AGE LIN YEARS LAST BIRTHOAY) IF UNDER LYFAR IF UNDER 24 HRS MONTHS GAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR INDUSTRY Tome APPROXIMATE INTERV Much TWEROSCUROTIC CARDIOVASCULAR DISEATE 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES T 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OF PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred anothe date and haur and from the causes stated 22c DATE SIGNED

DHMH-16 25M

(VRA 15, 4) 1/79

24 FLINERAL DIRECTOR

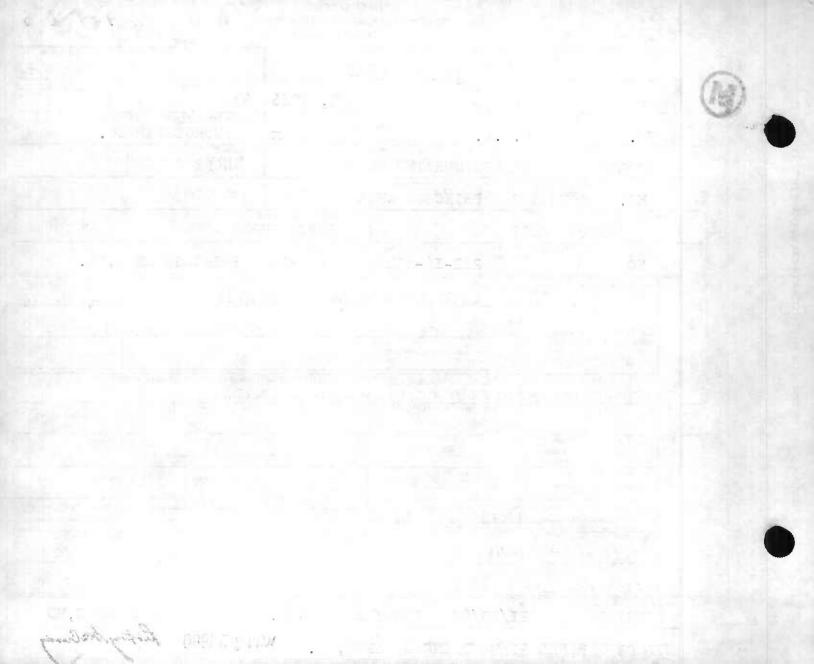
FOR

- STATE

Fernale Carrowing Made to 1888 1 92 - 1886 Mill Wish x Workester Dertin Berlin Wastnathome Housewife House Md. Werester Derlin x 615 Williams Stra Henry F. Bangs Mariet A. Crisher 170 - 21926 128 Heckling & Keel 605 Williams J. Beding Med Bound I may be River to Come and Jacob Server MA Arras A. Buleg-Bellin Nd.

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State of the state		fr	
THE REPORT OF THE PROPERTY OF THE			

	1.	STATE REGISTRAR		DEPA		ICATE OF DEA		REG. N	NO.	7 7	4
m E		CEASED NAME ORPRINT	WIL	CIAM /	Re	AST CONTRACTOR	14	R DATE OF DEATH	MONTH DI	V YEAR	10 35 A
(M)	3 SE	X IALE		WHITE	S. DATE C		1916	AGE TIN YEARS LAST BE		FUNDER 1 YEAR	IF UNDER 24 HRS
135	Jr. B	RTHPLACE (STATE OF DUNTRY)	R FOREIGN 7	U.S.A.	MARRIEI WIDOWE	D NEVER MAR	RRIED T	WORC:	OR COUNTY ESTER		W
of the state of th		BERLIN		BERLIN NURS	TNG HOME C			TYPE OF WORK SOR MOST			F BUSINESS O
and below the state of the stat	13a :	AL RESIDENCE HEN STATE MD.	SOMERS	OTHER INSTITUTION, GIVE RESIDENCE BE PRINCH		INSIDE CITY	LIMITS?	3R STREET ADDRESS			
and 2 the	14. F/	THER'S NAME SCO	TT RÎ	OSS LAST			TY HU	BER MODIE		EAST	
Pages 1		VAS DECEASED EVI VES, NO ORUNKNOWNI NO			-1740A	17 INFORMANT DALE	ROSS	PRINCE			Annual Contract of the Contrac
physica papera amoval		18 CAUSE OF DEA	WAS CAUSED	TIVE I		NOWARY	1 pk	PREST			MATE INTERVAL ONSET AND DEATH
atterdin ove carbon ation or ner t author		Conditions, if or	ny, which	DUE TO OR AS A CONSE	QUENCE OF E CHROA	JIC OBSTRU	ctive 7	MANONE	DISEASE		
ed by the ease remorial, crem ry, or oth		couse (o), sto underlying cau	ting the	DUE TO, OR AS A CONSE	QUENCE OF						
signe to bu y inju	Z			ONDITIONS <u>CONTRIBUTING</u> HEPATIC ([RRUES				,	IDITION GIVE	N IN PART 110	p 1
bermit. The shows an shows an	CERTIFICATION	190 DATE OF OPER		1% CONDITION FOR WH				200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH?
certifical al-transit intal Hyg r Item 18		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.M. MONTH.	DAY YEAR	21c HOW INJUR	RY OCCURRE	D JENTER NATURÉ OF INJ	URY IN ITEM 18, PA	RT I OR PART 2	
After this the buria h and Me narked or	MEDICAL	214 INJURY OCCU		216 PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFI		211 LOCATION STREET		cîty on to	JWN	COUNTY	STATE
or use as of Healt of A is r	à	saw the dece	ased alive on	ol) attended the deceased fro		d that in (my) (ou	19 ur) opinian de	oth occurred on the	date and hour		that (i) (we) lo causes stated
IAL DIRE										11/15	SIGNED
should be d		PAUL A	NAME ITYPE ON	DTT, MD.		220 ADDRESS 24 BR	OADS	7. BERL	in, a	D. 2	1811
¥ 8 8 =	23e (SURIAL, CREMATION	N, REMOVAL	13b. DATE 11/19/80	PERRY	EMETERY OR CREATER	CEM.	NEAR PR	-		
HMH-16 25M RA 15, 4) 1/79		LSON FU	NERAL	HOME PRINC	CESS AI	NNE, MD.	25e. DATE	17 2 5 1980	25b. RESTER	ESS SIGNE	Crody



	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	IENE 8 0 2	9 9 2			
		CEASED NAME FIRST OR PRINT)	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 21 HOU			
434		LAUR		SHAY	November 12.	1980			
	3. SE			DATE OF BIRTH MONTH NOV. 4, 1897	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 2			
かん	7a BI	CEMALE RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	NOV. 4, 1897 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH			
900	10 61	laryland	USA W	DIVORCED [Worcester	126 KIND OF BUSINE			
20C	P	comoke	404 Maple St	reet	(TYPE OF WORK FOR MOST OF WORKING LIFE retired pract	E) INDUSTRY			
BE	13a. S	TATE 13b COL	or other institution, give residence before administration in the company of the	13d INSIDE CITY LIMITS? YES \(\frac{1}{2} \tag{1} \tag{1} \tag{1} \tag{1}	13e STREET ADDRESS 404 Maple St	treet			
Scorine 2	14. FA	THER'S NAME FIRST Lee	MIDDLE Colona	15 MOTHER'S MAIDENNA/ FIRST Laura	ME MIDDLE	Kelly			
medical	16a V	/AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY NE WAR OR DATES) 214-34-5		223 Shay Beachwood				
any injury, or other	CERTIFICATION	ATION	couse (0), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEAT 196 CONDITION FOR WHICH OPE	TH BUT NOT RELATED TO THE TERM	20a, AUTOPSY? 20b, IF YES	EN IN PART TO I		
Swod 7	RTIF				YES NO YE	S NO			
lem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)			
rked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	21f LOCATION	CITY OR TOWN	COUNTY ST			
21 is mai		27a I certify that (1) this has sow the eccosed alive a above (1) we) (did) (did of	pital) attended the deceased from 10-7- 19 80	, and that in (Ry) our) opinion (death occurred on the date and hou	1980, the (1) or and from the couses sta			
# Hem	276. DEGREE ATTENDING 1 MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 11-								
4T: # H		136							
IMPORTANT: # #		720 PHYSICIAN'S NAME (TYPE J. G. San	orprint) tiano, M.D.	22e. ADDRESS	. Pocomoke Cit	y, Md 218			

Target and profit the money of the first of

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

The transfer of the second of Virginis district - Hereafter Some fill Harrison House, Thrown More Service States The separate with a section of the second section of the secti Daniel Hamile Ball Hatte ... Taylore and heller without beautiful Egile IM July 2011 - The July 21 The Sold of S Thereof I was the Eld Edwarf By The Son of I Property Remark Deam's Stone Hill Mit 1854 LE But Long Comment

	1.	FOR STATE REGISTRAR		DEPARTA		TH AND MENTAL		8 Q REG. NO.	2 9	7 2 3
A MARK		CEASED NAME FIRST		DOUE	LAST		Ze DAT	E OF DEATH MONTH	DAY YEA	AR Zb. HOUR
page 3 death		.5-	CE C	11	WA	-KER		- []	10 8	M KO108
1	3 SE	FEMALE	4 RACE WHIT	_	5 DATE OF B	20 83		(IN YEARS LAST RIRTHDAY)	MONTHS D	YEAR IF UNDER 74 HRS
Tage Tirect		RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF W		8	20 82		IMORE CITY OR COL	RS.	1
Perent.		MARYLAND	AMERI		MARRIED C	NEVER MARRIED		WORCESTE		
y the fur	10 C	TY OR TOWN OF DEATH BERLIN		OSPITAL, NURSIN	G HOME OR C	THER INSTITUTION	N 12a USU	JAL OCCUPATION WORK FOR MOST OF WORK OUSEWIFE	12b. KIN	ND OF BUSINESS OR
ly filled in b hould be file		AL RESIDENCE IN HURSING HOME	OR OTHER INSTITUTION, G	THE RESIDENCE BEFORE	ADMISSIONI CITY 134	INSIDE CITY LIMI				B, O.C.,M
ompletely and 2 short	14 FA	HORGE	MITCHE	ELLIAST		MOTHER'S MAIDE			CHEL	
ian and co		NO	IVE WAR OR DATES	\$ SOCIAL SECUI 214-74-	7152	AKICE K	?. WAL		CEAR	CITY
ng physic on papers r removal		IR CAUSE OF DEATH IEnter PART I. DEATH WAS CAU IMMEDI	only one cause per li SED BY. ATE CAUSE (a)	ARDIO	RESPI	RATORY	DRRE	EST		PROXIMATE INTERVAL WEEN ONSET AND DEATH MINGED CA-YE
e attendii ove carb nation, oi		Conditions, if ony, which gave rise to immediate	DUE TO, OR	AS A CONSEQUE	TIVE F	FART	FALL	URE	У	EARS
ed by the ease rem irial, cren irv, or ot		couse (a), stating the underlying couse last	(0)		SCLERO			HOUAR		years.
Deen sign Then plior to but injury	NO	PART 2 OTHER SIGNIFICAN	A9E, 9	ENERRE	ra D	EBILIT	X			
n. n. sate has bette to permit giene pri giene pri grand gra	CERTIFICATION	190 DATE OF OPERATION		ON FOR WHICH			YES [□ NON IN C	YES 🗌	NO _
physicia physicia ial-transi ental Hy or Item	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I I IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M	MONTH DA	Y YEAR		CCURRED (ENTI	ER NATURE OF INJURY IN ITE	M 18, PART 1 OR PAR	1 2
After th s the bur th and N marked	MED	WHILE NOT WHILE AT WORK	21R PLACE OF	F INJURY T. FACTORY, OFFICE, EJ	ARM, ETC)	LOCATION	0	CITY OR TOWN	COUNTY	STATE
ECTOR: for use a . of Heal		270.1 certify that (1) (this hose sow the deceosed alive above (4) (we) (did) (did	1////			ot ((m)) (our) op	oinion death occ	curred on the date an	d haur and fram	, that (1) (we) last in the couses stated
by the hosp ERAL DIR State Dept ANT: If It	6	THE SIGNATURE	Jan	7)	DEG	ATTENDI PHYSICI	ING MEDIC	CAL STAFF		10/80
TO FUNE Should be with the Si	,	PAUL A	D	T, MID		24 B	ROPP	57.	BERC	wind.
BP		SPECIFIC CREMATION, REMOVE	11-13	-80 23c N	UNS	TERY OR CREMAT	ORY 23d L	CATION CATION	Par	Mo.
DHMH-16 25M (VRA 15, 4) 1/79	24 FL	PLECTOR INDICATE OF THE PROPERTY OF THE PROPER	FUNERA	LOWE-	BERL.	e, MA	M1.819	BR GISTO META TR	EGETRAR'S SIG	NATURE

ALICE C. LULALIZER E 16 m

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Elling C. MITENELL ALLER & WALKER - EXERT ETT

CURING 11-13-80 SUISET MIT RERUM, LEWIND.

CEEREE MITCHELL

3/1

THE NAME OF		FOR STATE			DEPARTMENT O	FHEALTH	AND MENTAL H	IYGIENE S	0 8	2 0	0 0	, 0
THE PARTY		REGISTRAR					ERTIFICATE O			NO.	1 4	- 7
1		CEASED NAME	FIRST		MIDDLE	100	LAST	20.	DATE KNOWN	монтн	DAY YEAR	26 HOUR
ı	(iiir	OKPKINI)	WILL	IAM	FRANCIS	W.	ARD	D	OF ESTI-	□ Nov.	8 1980	6 A.
	3. SEX	1	4. RACE	S. DATE OF BIRTH	6. AGE (IN		IDER TYR. IF UNDER		DATE	MÖNTH	DAY YEAR	2d HOUR
	ma	le	white	morring DAI	, 1910 70	YRS. MONTH	HS DAYS HOURS	MIN PRO	DEAD DEAD	Nov 8	8 19 80	6:45
	70 BI	RTHPLACE (ST		76. CITIZEN OF W		IA.	ED NEVER MARRI	9. B	ALTIMORE CITY	OR COUNTY		1 1
l		reign country)	7	USA		MARRI			Worces	+020		
ŀ		TY OR TOWN		11. NAME OF HOS	SPITAL, NURSING HO	ME, OR OTH		T20. USUAL	OCCUPATION IT		L KIND OF BU	JSINESS
	C+	ockto		(resid	ence) Box	100 F			of working (IFE)	mom A	Store	
	USUA	L RESIDENCE		ROTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADM	SSION)		rectr	ed ran	ner a	Store	veene
l	13a S		13b. COUN		13c. CITY OR TOWN			13e STREET				
ŕ		ryland	Worc	ester	Stocktor	1	7	Bo	x 78			
	19. ГА	FIRST		MIDDLE	LAST		15. MOTHER'S MAIDE	IN NAME	MIDDLE	CI.	LAST	
	14- 14	Char	Les EVER INU.S. ARA	C.	Ward	TTV NIO	Lula 17. INFORMANT		ADDRE:		narple	
ı	{YI	S, NO. OR UNKNO	(IF YES, GIVE	WAR OR DATES)				9 50			21864	
		no			712-16-	-6237	Rita War	ra Box	78, S	tockto		
		18 CAUSE OF	DEATH (Enter onl	y ane cause per line	for (a), (b), and (c).)					- T	APPROXIMAT BETWEEN ONS	T AND DEATH
		11.1		E CAUSE (a)	[vocardial		lure				Immed	iate_
ŀ		441	-		AS A CONSEQUENC					DATE:		
ı		gave ris	s, if any, which	(b) F	aptube of	thor	acic aneur	ysm	Market Sales		4 yr	8
		lying cau	stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENC	E OF						
ľ			at reconstruct	(c)								•
		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO OEATH	BUT NOT RELATED TO THE TO	RMINAL OISEASI	OR CONDITION GIVEN IN PAI	RT 1 (a).		1100		
	O										155	
	CAT	190 DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED?				20. AUTOPSY	?
	THE										YES 🗆	NO G
	MEDICAL CERTIFICATION		L CAUSE WAS	21b. TIME OF	FINJURY A. MONTH DAY YE	AR 21c. HC	OW INJURY OCCURRE	D (ENTER NATU	RE OF INJURY IN ITEM	18 PART I OR PART	2)	
	CAL	UNDERLYING CONTRIBUTION	IG CAUSE OF D									
	EDI	21d. INJURY C			OF INJURY (AT HOME,		CATION		IY OR TOWN		1874	STATE
	¥	WHILE AT WORK	NOT WHILE] STREET, PAC	SAL, FARM, ETC.)	3	, neel	CII	II OR IOWN	COUN		STAIL
I		220 1		and the same and		Autap	sy , Inspection		nquiry 🔼	and in a		1/27
		The same of		157	scribed above, held an					and in my apin]	nian	
1		death resulte	d tram: Notur	ol couses 🗂,	Accident .	Suicide L	, Homicide	Undetermi	ined manner			
		ACTUAL	lott.	174	fint.		Deputy			DATE	7 30	80
		SIGNATURE_	POTTE	1 //	(ACCOUNT)	M	D. Debaroa	MEDICAL	LEXAMINER	SIGNED	1-10	-00
I	and the same	EXAMINER'S I	NAME DOWN	thy C. Ho	Jarramah		***		100			
	00. 0	(TYPE OR PRIN						immen		new hill	1, Wd.	
	230. BI	PECIFY)	ION, REMOVAL 2	36. DATE	23c. NAME OF C	EMETERY O	R CREMATERY .	23d. LOCA CITY OR TO	NWC	COUNTY	Y S	TATE
ŀ	24 5	Buria		11/10/	30 Gumby	Pres	byterian	Sto	ckton SISTRAR 1258 REG	Worces		d.
	24. FI	NAME DIREC	74C	M. DADDRESS			TA DATE	1980	SISTRAK LOB. RET	A KO	ATURE	
		20	04 2.	Mulson			21017	ניטטין		77.700	7	

